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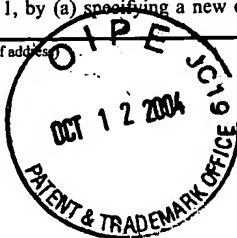
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7590

07/07/2004

John G. Posa
 Gifford, Krass, Groh et al
 Suite 400
 280 N. Woodward Ave.
 Birmingham, MI 48009



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| | |
|-------------------------|--------------------|
| Sheryl L. Hammer | (Depositor's name) |
| <i>Sheryl L. Hammer</i> | (Signature) |
| 10/7/04 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/022,602

12/14/2001

Frank Venegas JR.

IDS-14902/14

2404

TITLE OF INVENTION: MODULAR OFFICE FURNITURE

10/13/2004 HDEESS2 00000025 10022002

01 FC:2501
 02 FC:1504
 03 FC:0001

685.00 OP
 300.00 OP
 30.00 OP

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$665 | \$300 | \$965 | 10/07/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------------------|----------|----------------|
| NOVOSAD, JENNIFER ELEANORE | 3634 | 211-189000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Gifford, Krass, Groh,
 1 Sprinkle, Anderson
 & Citkowski, PC
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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☒ Issue Fee
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

10/7/2004

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